

In The United States District Court
For The District of Delaware

William Joseph Webb Jr.,

Plaintiff,

vs

First Correctional Medical,

Etc. Al.,

Defendants,

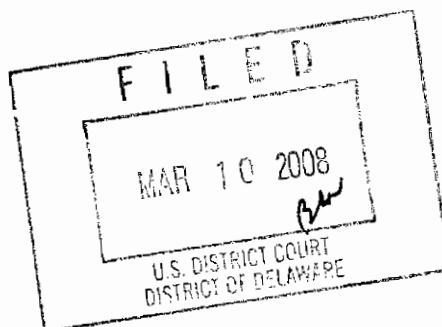
Civ. Act. No.: 07-31-GMS

Jury Trial Requested

Appendix to Reply for Motion for Preliminary Injunction.

This is Plaintiff's Appendix to Reply for Preliminary Injunction.

Dated: March 5
February, 2008



Respectfully submitted,

William Joseph Webb Jr.

00256056 / 17 SHVC12L

1181 Paddock Road

Smyrna, DE 19977

Handwritten Copy

FORM #585

MEDICAL GRIEVANCE

FACILITY: D.C.C.
 INMATE'S NAME: William J. Webb Jr
 HOUSING UNIT: 12 SHU C12L

DATE SUBMITTED: January 22, 2008
 SBI#: 00256056
 CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 12/12/07, 12/19/07, and ongoing

TYPE OF MEDICAL PROBLEM:

On December 8, 2007, I filled out a sick call slip and saw Nurse Jammilla with another nurse on December 12, 2007. Nurse Jammilla saw the infection on my left leg from where a shackle scraped my leg December 3, 2007 when I had a Family Court hearing up state, she said she was putting me in to see the doctor, on December 19, 2007, Mental Health's Mr. Gibbs took a sick call slip from me and told me he was giving it to the Head Nurse, and then told me that the nurse told him she took care of the wound. I have finally realized that I was denied medical care because I'm white, and finally on January 1, 2008 I filled out another sick call which I didn't get seen until 1/15/08.

GRIEVANT'S SIGNATURE: William J. Webb Jr DATE: January 22, 2008

ACTION REQUESTED BY GRIEVANT: that an immediate action be taken to resolve this issue with me being taken to a specialist.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

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MEDICAL GRIEVANCE

FACILITY: D.C.C.
 INMATE'S NAME: William J. Webb Jr.
 HOUSING UNIT: 17 SHU C12L

DATE SUBMITTED: January 22, 2008
 SBI#: 00256056
 CASE #: _____

////////////////////////////////////
SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 1/9/08 - 1/21/08 and ongoing.

TYPE OF MEDICAL PROBLEM:

On January 9, 2008, I saw Dr. Lisa who told me that she was putting me on an antibiotic for 14 days, along with receiving Bactrim packs. I started receiving the antibiotic on 1/10/08 in the morning time when medication was given out. The antibiotic prescribed stopped on 1/20/08 (only 10 days), 4 days short of the prescribed amount of time.

GRIEVANT'S SIGNATURE: William J. Webb Jr. DATE: January 22, 2008

ACTION REQUESTED BY GRIEVANT: An answer as to why the medication wasn't given the full 14 days along with an immediate follow-up Dr.'s appointment with a specialist on Staph infections/M.R.S.A. and treatments.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Certificate of Service

I, William J. Webb Jr., hereby certify that I have served a true
and correct copy(ies) of the attached: Reply and Appendix
upon the following
parties/person (s):

TO: C. Damavandi, Esq.
820 N. French St.
Wilmington DE 19801

TO: _____

TO: R.M. Ernst, E.M. Ford,
M.T. Mantzavinos, Esqs.
913 Market Street
Suite 800
Wilmington DE 19801

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United
States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE
19977.

On this 5th day of February March, 2008

William J. Webb Jr.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

WILLIAM JOSEPH WEBB JR.,

PLAINTIFF,

V.

FIRST CORRECTIONAL MEDICAL,

ET. AL.,

DEFENDANTS.

CIV. ACT. NO. : 07-31-GMS

JURY TRIAL REQUESTED

**MOTION FOR COMPULSORY PHYSICAL AND
MENTAL HEALTH EVALUATION.**

[Pursuant to Rule 35(a) Fed. R. of Civ. Proc.]

Plaintiff William Joseph Webb Jr. moves the court for an order requiring Delaware Department of Corrections to transfer Plaintiff for a physical and mental health evaluation by the Christiana Hospital for the physical evaluation by an infectious disease doctor; consecutively transferred to the Delaware Psychiatric Center for the mental health evaluation to be performed by a Psychologist and Psychiatrist with specifically a brain scan performed and the type of evaluation to be performed prior to prescribing medications for the treatment of Hepatitis C, furthermore the physical examination is for the purpose of determining the exact nature and extent of his injuries or ongoing medical situation, if any, and the disabilities, if any, resulting from those injuries, for whose injuries the above-entitled action is brought.

The grounds of this motion are that there is a controversy between the plaintiff and defendants as to the physical injuries, along with a serious need for immediate medical attention where Plaintiff has probably been misdiagnosed and is currently suffering from either M.R.S.A. or Bacterial Meningitis, if any, sustained by the plaintiff, and the disability, if any, resulting from them, and that the physical examination of the plaintiff is necessary in order that the plaintiff may receive the necessary treatment and

the necessary procedures that were to be followed when plaintiff was diagnosed with Hepatitis C so that he can receive the necessary treatments, and furthermore, the mental health evaluation to see the mental status that was to be performed before plaintiff was to receive treatments for Hepatitis C with a brain scan to see the injuries, if any, or disabilities, if any, that the plaintiff may be still suffering and needing treatment for, as is more fully shown in the affidavit of William Joseph Webb Jr. attached as Exhibit A.

Dated: ^{March 5}
~~February~~, 2008

William Joseph Webb Jr.
William Joseph Webb Jr. #256056
Plaintiff

1754022
Address: ~~D/E F14B~~ 1181 Paddock Road
Smyrna, DE 19977

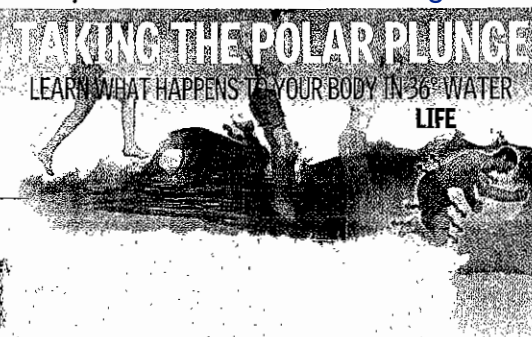


FACES OF DELAWARE
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black and white
JUST MINUTES FROM WILMINGTON

Graduate Degree Information Session
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- Education • Nursing • Pastoral Care and Counseling • Physical Therapy
- Sport Management • Strategic Leadership

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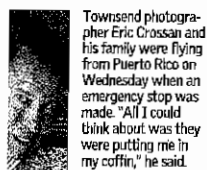


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• FINAL EDITION

DAY Feb. 1, 2008



Townsend photographer Eric Crossan and his family were flying from Puerto Rico on Wednesday when an emergency stop was made. "All I could think about was they were putting me in my coffin," he said.

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By TERRI SANGINITI
The News Journal

ic Crossan didn't pay much
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San Juan.
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didn't help his nerves much
a group from a Pennsylvania
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"Amazing Grace."
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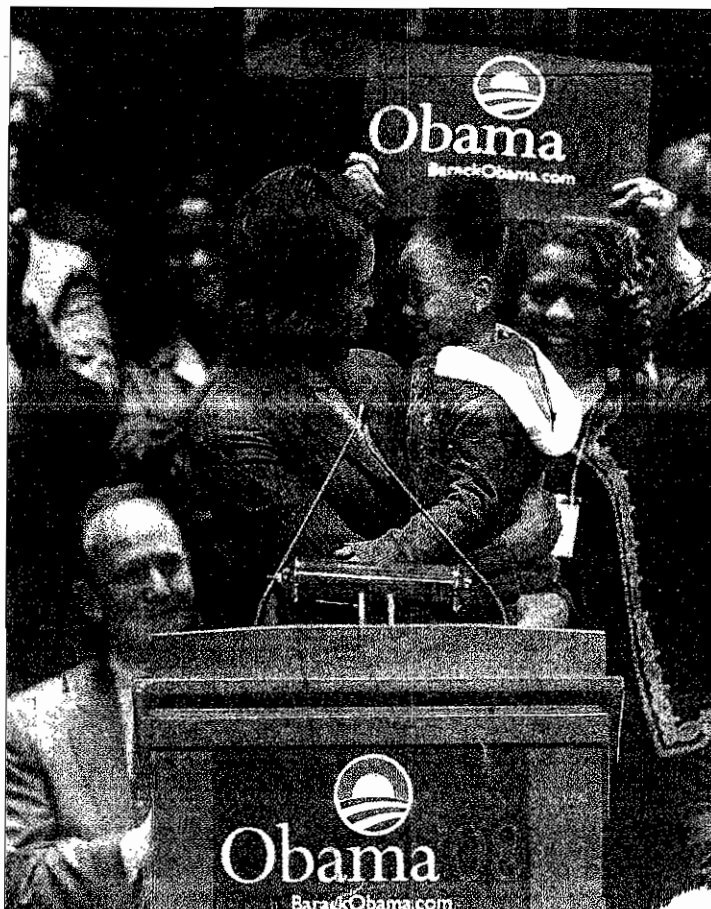
investigation is continuing,
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can his wife Karla and

BARACK OBA

WILMINGTON ON SUNDAY. A6

Thousands turn out to see Michelle Obama



Prison health care lagging

Monitor's report cites
continuing problems

By LEE WILLIAMS and ESTEBAN PARRA
The News Journal

Continued poor performance by the Department of Correction's medical vendor could hamper the department's efforts to get out from under supervision by the U.S. Justice Department, according to a new report by an independent monitor overseeing the state prison system.

Correctional Medical Services, a private company Delaware pays millions of dollars a year to provide medical care to inmates, suffers from a "lack of stable and effective leadership," independent monitor Joshua W. Martin III wrote in a 229-page report released Thursday.

"Moreover, there has been consistent turnover at staff-level positions, and, at [Young Correctional Institution] in particular, there is a problem with staff insubordination that needs to be addressed because it affects inmate medical and mental health services negatively," Martin wrote in his report. "The Monitoring Team has also faced difficulty in receiving consistent and accurate information from CMS."

While Martin found that the DOC has made some improvements, he concluded that many CMS staff lacked proper credentials or were working outside their areas of expertise. At the Delaware Correctional Center near Smyrna, a pathologist is practicing general medicine.

See PRISON — A2

**ONLINE
EXTRA**

Read the full
report at
www.delawareonline.com

Prison: Dept. of Justice launched probe in March 2006

OMP PAGE A1

The monitoring team also found that for three months last year, no inmate at the Smyrna prison received a referral to an inside specialist because "the person who was assigned to schedule appointments for inmates was on sick leave, and MS had failed to find a temporary replacement."

Inmate medical files were undisturbed in boxes, while hers were out of date, doctored or missing. At the Baylor Women's Correctional Institution, a book used to keep track of inmates suffering from highly contagious flesh-eating bacteria as lost, the data irretrievable. Lisa Williams got out of the women's prison two weeks after spending six days there waiting extradition to Maryland on a theft charge.

Williams was burned over 60 percent of her body when she was a child, after a lighter she was playing with set her dress on fire. Now 31, she dehydrates daily because of the burns.

When she overheated in a holding cell with 13 other inmates, just getting to the

prison infirmary was difficult. "I put in a sick call slip, but it was four days before it was addressed," she said.

The CMS nurse gave her an ice pack. "She said I was just a crackhead withdrawing," Williams said. "I'm not on drugs. I was very sick. They assumed everyone's a crackhead. I saw a girl have a seizure in the cell. They made her walk to the infirmary, once she stopped."

Lack of supervision

According to Martin's report, on several occasions the monitors were told about a practice or procedure staff believed was being adhered to, but "it often turns out that such practice or procedure is not, in fact, being followed in spite of the belief of the individual providing information. This is symptomatic of a lack of supervision of staff, and poor or nonexistent self-monitoring. The Monitoring Team recommends that CMS begin to self-monitor for compliance with DOC policies as soon as possible so as to be able to assess its own compliance, and provide the Monitoring Team with reliable information."

CMS corporate spokesman Ken Fields refused to be interviewed for this story. "I am not going to respond to any specifics," he said.

Fields also refused to allow CMS employees working in Delaware to be interviewed. "Our healthcare staff are focused on patient care rather than dealing with news media," he said in an e-mail. The report shows clearly that, working together, the Delaware Department of Correction and CMS have made a great deal of progress enhancing the inmate healthcare system. The report also notes there is more to be done.

Department of Correction Commissioner Carl Danberg said the monitor's report was "fair and balanced."

"I've made it clear to CMS that I am not satisfied with the pace of progress, but CMS has been working cooperatively with us, and I will continue to hold them to the terms of the contract, and push for total compliance," Danberg said.

Danberg's fiscal year 2009 budget proposal includes \$40 million for inmate medical care and \$38 million for CMS.

A call for change

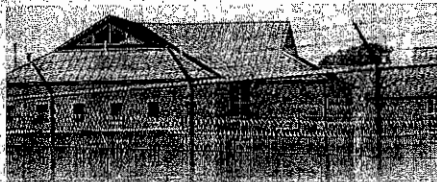
Inmate advocates have urged Minner and other state leaders to sever the state's contract with CMS. Danberg would not say if that is an option.

"I will consider any change that I believe will lead to improvement of medical care, but at the moment, I'm not prepared to discuss the potential for changing vendors," Danberg said.

Martin, a Wilmington attorney and former judge, was selected in May by the Department of Correction and the Justice Department to serve as the state's first independent prison monitor. Martin oversees efforts by the Department of Correction to satisfy a settlement agreement with the federal government over "substantial civil rights violations" in four state prisons.

Martin declined to be interviewed for this story, as did Delaware Gov. Ruth Ann Minner.

In preparing his report, Martin, together with a team of medical and mental health professionals, reviewed Department of



Baylor Women's Correctional Institution

MONITORING TEAM



Joshua W. Martin III, attorney (left) - monitor

Suzanne Hill - attorney

Ronald Shansky, MD - medical expert

Michael Pulos, MD - medical expert

Richard Stallman, MD - medical expert

Jeffrey Melzer, MD - medical expert

Madeleine LaMarra, MN, APRN - medical expert

Correction policies and procedures, record-keeping, medication and laboratory orders, staffing and training, screening and treatment, access to care, chronic disease care, medication management, emergency care, mental health care, suicide prevention and quality assurance.

According to the mandates of the settlement agreement, the monitors must gauge compliance with 217 provisions. The settlement agreement, signed by Danberg, who at the time was Delaware's attorney general, and former Correction Commissioner Stan Taylor, called on the state to revamp its prison health care system and to report its progress regularly to the Justice Department. The agreement remains in effect for three years, although the state can get out earlier if it achieves "substantial compliance" with each portion of the agreement.

Martin found the state failed to comply with 17 of 217 total provisions, and was in substantial compliance with 31 of the 217. The state was said to be in partial compliance with the remainder of the requirements.

"The assessment of partial compliance that the Monitoring Team has used is a very broad designation and in some instances reflects minimal progress that the State has made in eliminating the constitutional deficiencies that motivated the parties to enter into the settlement," Martin wrote.

Advocates, families dismayed

Prison reform advocates, former inmates and their families didn't need Martin's report to reinforce their belief that inmate medical care in Delaware is poor.

Francine Wright, whose son died while an inmate, said she continues to hear complaints from families who have murdered family members.

"The medical care is not up to par," Wright said. "People are still not getting their medical treatment."

Wright's son, Darnell Anderson, was serving a four-year sentence when he was taken to Wilmington's St. Francis Hospital in 2004. During his hospitalization, doctors learned Anderson had pneumocystis carinii pneumonia, an AIDS-related infection that is usually preventable and treatable when caught early. He died at St. Francis.

"They need to fire the people over there who are not doing their job," Wright said.

Dover attorney Steve Hampton, who has represented inmates and their families in lawsuits against the Department of Correction, said the problems outlined in Martin's report should come as no surprise to DOC officials.

"Even with the monitor in place, very little real improvement is taking place," Hampton said. "Our state government officials have turned a blind eye to widespread human rights viola-

tions in a program for which they have oversight. It seems that they are not going to seriously address the problems DOC unless forced to by the Justice Department."

Hampton represented a family of Anthony Pierce, who became known as "the brot with two heads" as an inmate Sussex Correctional Institution because of a large tumor growing on his head. Pierce, who was being treated by CMS staff, died from the brain tumor in 2002.

The state settled a wrongful death lawsuit in a confidential agreement last year.

Public health at risk

"This report tells me that state is continuing to pay tens of millions of dollars for a healthcare program that routinely breaches the applicable standards of medicine, violates human rights of inmates, puts us all at risk of serious infectious diseases," Hampton said.

"The prisons have been incubators for all sorts of diseases such as MRSA, TB, hepatitis. These diseases are stopped by prison walls, allowing them to flourish in prisons means they will eventually flourish on the outside."

Problems with prison healthcare and high inmate death rates, especially from AIDS, were examined by The News Journal in a series published in 2005. In March 2006, the Justice Department's Civil Rights Division launched its probe.

Minner tried unsuccessfully to derail the federal investigation. Her legal counsel at the time, Joseph C. Schoell, sent a letter to U.S. Attorney General Alberto Gonzales calling "News Journal's series 'misleading.'"

The Rev. Christopher L. Lock, a founder of the Delaware Coalition for Prison Reform Justice, said it was time for state to terminate its contract with CMS.

"Until CMS is replaced by a Delaware group - Delaware from Delaware - it will be no significant or sustainable change," he said. "It's time for the state to act in the best interest of Delaware our reputation in this country."

Contact investigative reporter Lay Williams at 324-2362 or lwilliams@delawareonline.com.

Contact Esteban Parra at 324-2299.

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Notice of Upcoming Presidential Primary

Good hygiene will help prevent MRSA

Imagine your child comes home one day and complains of a weird bump on his skin. After taking a closer look, you notice a red, bubble-like bump or boil on the skin surface. If you've seen any of the recent news stories, you might have thought that your child has contracted MRSA, a deadly, antibiotic-resistant staphylococcus aureus.

MRSA is a staph infection, but unlike other staph infections, it is resistant to certain common antibiotics such as penicillin and amoxicillin and can lead to pneumonia or other serious infections. MRSA has been around for a long time, but it was mostly seen in patients who had been in the hospital or patients with low immunity. Now it is affecting healthy people outside hospitals.

MRSA tends to affect people in close contact with each other, such as athletes and children in day care centers. In many cases, it enters the body through a cut, wound or break in the skin. It can be passed to others by sharing personal items like towels, razors or athletic equipment, or through personal contact.

So, how do you know if a

bump on the skin is MRSA? MRSA may start out looking like a spider bite, a red, inflamed boil, commonly seen on the neck, armpits, groin, abdomen or buttocks. The bump often swells quickly and causes pain in surrounding tissue.

Dr. Kate Cronan



kids' health

It may look like a MRSA infection, but it can only be diagnosed by having a doctor withdraw pus from the infected area and sending it to the laboratory for testing. If the test comes back positive, there are special antibiotic medications used to treat this type of infection. Remember, MRSA stands for "methicillin-resistant," which just means it's resistant to some—not all—medications.

Much of the advice we give to prevent MRSA infections sounds like good old common sense. These tips can help to prevent infections in many situations:

- Enforce strict and frequent hand washing.
- Teach everyone in your family to wash their hands often and correctly, using warm water and soap and rubbing hands together for at least 15 seconds.
- Encourage the use of alcohol-based hand sanitizers.

hol-based hand sanitizers.

- Handwashing is especially important before eating or after using the bathroom, blowing one's nose or coughing.
- Keep fingernails cut short.
- Change underwear and sleepwear daily.
- Wash clothes and towels frequently.

- Cover any wounds with clean, dry bandages.
- Advise children not to share personal items.

- Wipe shared sports equipment with an antiseptic solution before each use.

Call your child's doctor if there is an area of skin that is painful and red with swelling, if your child has any reddened areas on the skin and feels feverish, or if there are skin infections being passed back and forth among family members.

To help your family stay healthy in the future, use caution when requesting antibiotics. They can't treat the flu and other viruses, and overuse may contribute to the problem of antibiotic resistance. If your child develops an infection that requires an antibiotic, it will be reassuring to know there are choices that really work.

Dr. Kate Cronan is Chief of the Division of Emergency Medicine at Alfred I. duPont Hospital for Children in Rockville.

The News Journal



③ STAPH INFECTIONS

Staph infections are caused by the bacteria *Staphylococcus aureus*. When skin is punctured or injured, staph bacteria can enter the wound and cause infection. Most often, these infections are minor and can be handled by keeping the wound clean and covered. Rarely, but sometimes, an infection is more aggressive, spreading to deep tissues or entering the blood.

Now that some staph have become resistant to preferred antibiotics, treatment is more complicated.

These methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria are taking the place of the old-fashioned staph, and the CDC has warned doctors to be on the lookout for them.

Staph bacteria are usually transmitted by direct skin-to-skin contact or interaction with a shared item or surface, such as a towel or bandage, that has come into contact with someone else's infection. So it's important to follow these safety tips:

- Wash hands frequently or use an alcohol-based hand sanitizer.
- Clean scrapes and cuts and cover them with bandages.
- Do not touch other people's cuts or bandages.
- Do not share personal items, like towels or razors. ☒



JULIE LOUISE GERBERDING, M.D., MPH, is director for the Centers for Disease Control and Prevention.

EXC

USA Weekend
Sunday News Journal
1/4-1/6 '08

What is Staphylococcus aureus (Staph aureus)?

By Administration



EX-13

Staph aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people.

Sometimes this staph can cause infection and is the most common cause of skin infections in the United States. Most of these infections are minor (such as pimples or boils) and most can be treated without antibiotics. However, staph bacteria can also cause serious infections (such as surgical wound infections or pneumonia). In the past, most serious staph bacteria infections were treated with a certain type of antibiotic related to penicillin.

Over the last 50 years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics, including commonly used penicillin-related antibiotics. These resistant bacteria are called methicillin resistant Staphylococcus aureus, or MRSA.

Where are staph and MRSA found? Staph bacteria and MRSA can be found on the skin and in the nose of some people without causing illness.

Who gets MRSA? Staph bacteria can cause different kinds of illness, including skin infections, bone infections, pneumonia, severe life threatening bloodstream infections, and others. Since MRSA is a staph bacteria, it can cause the same kinds of infection as staph in general; however, MRSA occurs more commonly among persons in hospitals and healthcare facilities.

Recently however, MRSA has been seen in places where a number of individuals are housed such as jails and prisons and in the general community.

How common is staph and MRSA? Staph bacteria are one of the most common causes of skin infections in the United States. Staph and MRSA are not usually reported to the public health authorities, so the exact number of cases is not known. According to some estimates, as many as 100,000 persons are hospitalized each year with MRSA infections.

About 25% to 30% of the population can carry the staph bacteria in their nose at any given time. The number of persons who carry MRSA is not known at the current time.

Are staph and MRSA infections treatable? Yes. Most staph bacteria and MRSA are treatable with antibiotics. Most skin infections can be treated without antibiotics by draining the sore. If antibiotics are ordered by the doctor, all pills that are ordered must be taken as ordered.

How are staph and MRSA spread? Staph bacteria and MRSA can be spread from one person to another by touching any drainage or items soiled with drainage. Staph and MRSA are not spread through the air.

What can you do to protect yourself from MRSA?

1. Wash your hands frequently and any time you touch anything wet.
2. Use soap and water when washing hands and your own towel or a paper towel.
3. Do not let anyone borrow your soap or towel.
4. Wash your towels, linens, and clothes as often as you can.
5. Hang your wet towel and washcloth out to dry each time it is used.
6. If you are working out, wipe down benches and equipment with a dry towel.
7. Shower or wash your body as frequently as you can.
8. Keep your space, including your bed and locker as clean as possible.
9. See your doctor or nurse for any unusual wounds, boils, or pimples that drain and don't heal up.
10. If your doctor orders antibiotics, take all the medication.
11. If you have open wounds, keep them covered and have the nurse change the bandage.

Source:

MRSA Facts: 2004 CMS

The Isthmus Prisoner Newspaper